PLAINLY, WITH UNFADING INK-THIS IS

WRITE

N. B.—Every item of CAUSE OF I

carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

PERMANENT

PLACE OF DEATH

County Churles

21558



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 103

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[if death occurred la a hospital or institution, give its NAME instead of street and nomber.]

FULL NAME Cheeles aleun

PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, ORDIVDROED (Write the word)	(200)
OF BIRTH	26 18	17 I HEREBY CERTIFY, That I attended deceased from
28 yrs 7	If LESS 1 day,	and that death occurred on the date stated above, at
r kind of work rai nature of industry, or establishment in ployed (or employer)		Contributory Japland France
NAME OF FATHER WINS	7hurr	(Signed)
BIRTHPLACE OF MOTHER (State or country)	n Cry	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
(Address) Such	s Of Boby	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER ADDRESS
	PATION B, profession, or r kind of work rai nature of industry, or establishment in ployed (or employer) PLACE te or country) BIRTHPLACE OF FATHER BIRTHPLACE OF FATHER WAIDEN NAME OF MOTHER (State or country) MAIDEN NAME OF MOTHER (State or country) ABOVE IS TRUE TO THE BES Bant) CLUMBER CLUMBER BIRTHPLACE OF MOTHER (State or country)	MARRIED, ORDIVERGED OR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the oeeupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerctrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant nooplasms); Measles; Whooping cough; Chronio oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection used not be stated unless important. cte. The contributory valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be asecrtained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." Accidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Scnile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very should be stated EXACTLY. of information should be carefully supplied. AGE should be st . DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. CAUSE OF I

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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

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Village or City rousials (No. , -	St.; Ward) St.; Ward) A hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Widowd ORDINARE ORDINARED, WIDOWED, ORDINARED	16 DATE OF DEATH Sec. 19 ,1915 (Month) (Day (Year)
ODATE OF BIRTH Month (Day (Year) 7 AGE 1 (LESS than	that I last saw h Dallycon Dec 19 ,1915
5-4 yrs	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (1) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or amployar)	Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) Charles Co. And,	Contributory Secondary
11 BIRTHPLACE OF FATHER Country) Charles Co. And. 12 Maiden NAME OF OF HOLDER OF STATE 12 Maiden NAME OF HOLDER OF STATE OF MOTHER OF HOLDER PSL 1	(Signed) (Si
of MOTHER Catherine P. Shimer 13 BIRTHPLACE OF MOTHER (State or country) Charle Co. Ind.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds
(Informant) Court ,	Where was diseasa contracted, If not at place of death? Former or usual rasidence
(Address) Profesicles Al B	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER 20 UNDERTAKER ADDRESS

S: No. 1. 5 WRITE

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BEGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for malig-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



V. S. No. 1.

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e carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS DEATH in plain terms, so that it mi WITH Item of information should be WRITE PLAINLY, CAUSE OF I N. B.

1 PLACE OF DEATH STATE OF MARYLAND

Village or City Druedeck (No. 21560) 2FULL NAME Charles	CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) Fluid death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word) 8 DATE OF BIRTH	18 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
Month) (Day (Year) 7 AGE Month (Day (Year) 1 CESS than 1 day, hrs. or min. ?	that I last saw h Like alive on S. 2 2 6 , 19KS and that death occurred on the date stated above, at H P m. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER AR More Particular of the state	Contributory Truebo Pureucionia Secondary (Doration) yrs. mos. / O do (Signed) (Signed) (Signed) (Address) (Doration) yrs. mos. / O do (Signed) (Address) (Address)
OF FATHER (State or country) 12 MAIDEN NAME Maggis Turnisa 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients on Recent Residents) At place in the of death yrs. mos. ds. State yrs, mos. diwhere was disease contracted, if not at place of death?
(Intermant) Jack Montes (Address) Breecheek	USUAL PERIODE DATE OF BURIAL

ADDRESS Pruidick If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eausing death, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specieated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of doath approved by Committee on Nomenelascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerreral peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by chrbolic acid-probably suicidc. The nature of the dent; Kevelver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The eontributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease eausing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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PHYSICIANS should state of OCCUPATION Is very

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of information should be carefully su DEATH in plain terms, so that it m: See instructions on back of certificate.

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V. S. No. 1.

1 PLACE OF DEATH

21561



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.	0	-
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Village or City LESS SS - Toud SNo. Bus	St.; Ward) St.; Ward) If death occurred la a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 8 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191, to 191,
7 AGE (Nonth) (Day (Year) 1 day,hrs.	that I last saw h alive on, 191
yrs mos ds OR min.? OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry,	Still Birth
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER 11 SIRTHPLACE OF FATHER (State or country) (State or country) (State or country)	(Signed) Am B Hampleton, M. 6. OLC 31., 1912. (Address) Don Caster from Violence *State the Disease Cursing Dearth on in deaths from Violence
12 MAIDEN NAME Manuel fact Sor	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) Chas Co md 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chas Co model Control of the Country)	ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Sesoss Proads mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL My hopechusch Wee3 1, 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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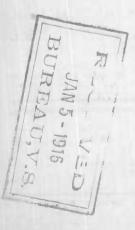


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sareoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Measles (disease causing death), 29 ds.; may be stated under the head of (secondary or intercurrent) Never report



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RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Collow Registration Dist. No., Ilf death occurred in Village or City -Ward) a hospital or Institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 5 SINGLE 4 COLDROR RAGE MARRIED. WIDOWED. (Month) (Day ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH , 191....., to (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? mos.....ds. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ... 191.7.. (Address) Alexa 20 ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME OF MOTHER 11 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) 11 of death _____ yrs. ____ mos. ds. State _____ yrs. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care ness of various pursults can be known. The question who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) As examples: For persous (6)

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mia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. ture of the American Medical Association.) The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (secondary or intercurrent)



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1 PLACE OF DEATH

(Year)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St :----Ward)

Ilf death occurred is a hospital or institution, give its NAME instead of street and number. 1

²FULL NAME	Elizabeth	Chily
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MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	12 -	26-	- 1015
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17 I HEREBY	CERTIFY, That		
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that I last saw hal	ive on		, 191
and that death occurred	on the date state	d above, at	24, m
The CAUSE OF DEATH*			
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12-27-,1915-	Address) / //	y sich	
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*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOME	NS OF INJURY;	ind (2) whet	her Acciden
16 LENGTH OF RESIDEN			
OR RECENT RESIDENTS/		S, INSTITUTION	, TRANSIENTS
At place of death yrs mos.	to the		
Where was disease contracted,	US. SIZIE	yrs,	. mos os
if not at place of death?		**************************************	
Former or			
usual residence	************************		444000000000000000000000000000000000000
19 PLACE OF BURIAL OF	REMOVAL	DATE OF	BURIAL
(nthe steel	Olitica.	12/2	27 1015

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDDWED,

ORDIVORCED (Write the word)

3 SEX

TAGE

ARENTS

(Month)

(Day

If LESS than 1 day,....hrs.

(b) General nature of industry, business, or establishment in

which employed (or employer) 9 BIRTHPLACE (State or country)

barticular kind of work

8 OCCUPATION (a) Trade, profession, or

> 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE

OF MOTHER (State or country

15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

20 UNDERTAKER



3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant ncoplasms); Measles; Whooping cough; Chronic cause. Always qualify all diseases resulting from genital," valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



be properly certificate may 0 back supplied. 0 Instructions terms, 2 4 plai 2 important I d Ш 0 informatic CAUSE OF Very 69 should state CAI

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1 PLACE OF DEATH STATE OF MARYLAND 21564 CERTIFICATE OF DEATH County Registration Dist. No. It death occurred in Ward) a hospitat or institution. give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED (Month) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE if LESS than 1 day, hrs. min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of (b) General nature of Industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signod) 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At alace In the OF MOTHER of death Stats,yrs. (State or country yrs. .mos. Where was disease contracted, If not at ptace of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed . 191 REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Screant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many eases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is-indefinite); Tuberculosis of lungs, menin-

mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, peritonaeum, etc., Careinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid use of and consequences (e. g., scpsis, tetanus) may be stated head-homicide; Poisoned by carbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from child-birth or misearriage as "Puerperal sephchaemia," etc., when a definite disease can be ascertained as the genital," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations "Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. by railway train-accident; Revolver The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," State cause for which Never report mere "Exhaustion," mound



RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

21565



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 104

Village or City Issur (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, WIDOWED, ORDIVORCEO (Write the word) 5 DATE OF BIRTH 8 - 20 - 19/43	16 DATE OF DEATH /2 - 25 , 1915 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from /2 - 23 - 1915; to /2 - 23 - 1915;
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin. ?	and that desth occurred on the date stated above, at & A. m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
10 NAME OF FATHER Colbust 11 BIRTHPLACE OF FATHER (State or country) Chan Cu Cond, 12 MAIDEN NAME OF MOTHER COMMOTHER	(Signed) (Si
of Mother Louth Lynn 13 BIRTHPLACE OF MOTHER (State or country) Chu le, Molinari Chi le My Knowledge (Informani) Allin Lynn (Informani)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) SSUC 15 Filed /2 - 27 -, 191 5 J. A.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.



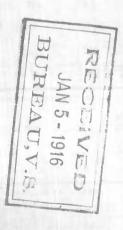


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation hus of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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County	PLACE OF DEATH Dhares 21569	(43)	STATE OF MA CERTIFICATE O	OF DEATH
Village	or City Dallon (No.	Odelen	St.;W ard)	[if death eccurred in a hespital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULA	RS	MEDICAL CERTIFICATE	OF DEATH
3 SEX	all Tulie (Write the word)	dowes 18 OATE O	(Month)	(Day) (Year)
6 DATE	Month (Month) (Day)	Sefiter that I las		mby 3 , 1915
7 AGE	1	If LESS than and that o	death occurred on the date st SE OF DEATH * was as follow	\
(a) T	rade, profession, or wark. General nature of Industry	Chi	nie Brights D	ann
busine which	Ses, or establishment in employed (or employer) THPLACE (tate or country) Charles Country	Second	butory Lastus Culon	Z yre. mos. d
10 -	ONAME OF Thomas Edelip	(Signed)	J. O. Medrer &	Tyro moo di
HENT.	BIRTHPLACE OF FATHER (State or country) MAIOEN NAME OF MOTHER	*St CAUSES	ate the PISPARE CAUSING DEATH, or, state (1) I TANS OF INJURY; and to THOMICIDAL	in daths from VIOLENT
4 d	3 BIRTHPLACE OF MOTHER (State or country) Unilenoun	At placs of death	OF RESIDENCE (FOR HOSPITALS, NT RESIDENTS) In the yrs	INSTITUTIONS, TRANSIENTS
	formant) Jan Gallin		e of death?	
15	(Address) Billion Plof	It fore	the Country	DATE OF BURIAL
Filed :	12/4, 1915 U.M. Krilton	SOUNOER HERE	TAKER & RUSON	Paldon

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner. (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Carc should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. Af the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

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ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

should PHYSICIANS shou RECORD statement PERMANENT Exact classified. should THIS properly NX supplied. pe UNFADING may certificat that 00 terms, n back pino 60 plain Instructions E I WRITE 0 A Item POF mportant. CAUSE

state Very 1 PLACE OF DEATH

Charles 21

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. / 0

[If death occurred in

St.:---Ward) a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from OF BIRTH Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. DEATH* was as follows: .mos,...... OR ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Buration) which amployed (or omployer) --9 BIRTHPLACE Contributory (State or country) Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 0 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of deathyrs. mos. ds. State _____ yrs. ___ mos. Where was diseasa contracted, If not at place of death?. Former or (Informant) usual residence. PLACE OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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state Yery

PHYSICIANS should of OCCUPATION IS

statement

classified.

may be properly AGE

carefully supplied.

o that it may be p

DEATH in plain terms, so See Instructions on back of

stated

RECORD

PERMANENT EXACTLY.

4

WITH UNFADING INK-THIS

WRITE

CAUSE OF Important. 1 PLACE OF DEATH

21568



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

Ilt death occurred in a hospital or institution, give its NAME instead ot street and number.]

ADDRESS

	FULL NAME Infant	- Erox
	PERSONAL AND STATISTICAL PARTICULARS	MED
3 51	ex Color or RACE 5 single, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH
6 D	ATE OF BIRTH	17 HE
	(Month) (Day (Year)	that I last saw h
7 A		and that death occur The CAUSE OF DEA
(a) pa (b) bus	CCUPATION) Trade, protession, or ritcular kind of work	Jaush
-	(State or country) Chas Co 7	Contributory Secondary
ITS	10 NAME OF James Cross 11 BIRTHPLACE OF FATHER	(Signed) A a co
PAREN	(State or country) Cras Co, 12 MAIDEN NAME of MOTHER Mandey Juceur	*State the DISE. CAUSES, state (1) TAL, SUICIDAL, OT 18 LENGTH OF RES
H	13 BIRTHPLACE OF MOTHER (State or country) (Las Co	At place of death yrs
	(Informant) Cary Cary	Where was disease contril foot at place of death? Former or usual residence
15 FI	red blee 6, 1915 Nathryn Joh	20 UNDERTAKER

MEDICAL CERTIFICATE OF DEATH

	W9707P999P9994407	Nuce	7 1 2	, 191
		(Month)	(Day	(Year)
17	I HEREBY	CERTIFY, That	I attended de	ceased from
000000000000000000000000000000000000000	, 19	l, to	••••••••••••••••	, 191,
that I last sa	aw haliv	e on		, 191
and that dea	th occurred or	the date state	d above, at	m,
The CAUSE	OF DEATH*	was as follows:		
Than	ustin	, Mus	ralma	24
dea	ed ov	Carlossa J	1-10010	
	T 7 - 100 M & 207 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· iter comment and their congrations,	prince of the continue of the continue of	

00*************************************		(Duration)	угз	mosds.
Contribu	tory			· · · · · · · · · · · · · · · · · · ·
Secondar	ry Pr. 1	atten	dance	
				.mosds.
(Signed)	active	m g	3001	, M. D.
Lee	16 , 191 5 (A)	ddress)	PH	ela-
*State t CAUSES, STAL, SUICE	the DISEASE CA tate (1) MEAN DAL, or HOMIC	USING DEATH, OS OF INJURY; BIDAL.	r, in deaths fund (2) whet	rom VIOLENT her Acciden-
18 LENGTH	OF RESIDENC	E (FOR HOSPITALS	, INSTITUTIONS	TRANSIENTS,
At place	T RESIDENTS)	In the		
ot death	yrs mos	ds. State	yrs	mos ds
	ease contracted,			
Former or	or ucathr	-00		******************
usual residence	G	************************	*********************	9 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
19 PLACE O	F BURIAL OR	REMOVAL	DATE OF	BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

eated thus: ness. If retlred from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Honsewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease "Manager," "Dealer," etc., without more precise speci-Groccity; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the ouly defluite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is Indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenclascpsis, tctanns) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarrlage as "Puenperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultlon," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ete. The contributory (secondary or Intercurrent) valvular heart disease; Chronic interstitial nephritis, cer" Is less definite; avoid use of "Tumor" for mallsoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Coutributory." Accidental drowning; Struck by railway train-acci-Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustlon," Never report



MARGIN

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD UNFADING INK-THIS IS CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be

1 PLACE OF DEATH

21569



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

vin	FULL NAME annie Ged	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	MARRIED, Married, Widowed, Write the word) ATE OF BIRTH	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 19 19 19 19 19 19 19 19 19 1
7 A	(Month) (Day (Year) GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 12 38 m, The CAUSE OF DEATH* was as follows:
(b) bu: wh	yrs	Gobar Joneumon (a) Filosoing July Cock (Duration) - yrs _ mos 13 ds.
	11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER 12 BIRTHPLACE OF FATHER 13 BIRTHPLACE OF FATHER 14 BIRTHPLACE OF FATHER	(Signed) Saw 16 Seake, M. D.
PARENTS	(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, or Recent Regidents) At place in the of death
14	(Informant) Robert Sulvers (Address) Riversel Male	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ORS CONTRACTOR OF BURIAL
	led Lee 3 1813 Am & Thomason	20 UN OFRTANER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N. 8.



3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertaized as the genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH

21570

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 113

St.;....Ward)

I'll death occurred to a hospital or institution, give its NAME instead of streef and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
7 A ((Month) (Day (Year)	that I last saw here slive on down 26 1915. and that death occurred on the date stated above, at 10 P.m.
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
U(a)	CCUPATION) Trade, profession, or ricular kind of work	Ex Canter
bus	General nature of industry, iness, or establishment to ch employed (or employer)	(Ouration) yrs 4 mas ds.
9 B1	RTHPLACE (State or country)	Secondary Lastersulum Panultunka
NTS	10 NAME OF FATHER Robins I fauthus 11 BIRTHPLACE OF FATHER (State or country) Clean C.	(Signed) (Buration) yrs mos ds. (Signed) And Address See Causing Death, or, in deaths from Violent
ARENT	12 MAIDEN NAME	TAL, SUICIDAL, or HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Olean Ca	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs, mos, ds. State yrs, mos, ds
	(Interment) Thursia Soundary	Where was disease contracted, If not at place of death? Former or usual residence.
15 File	ed 12-28, 1915 Chas Ot Roby Registrate	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 12 - 30, 1915 20 UNDERTAKER ADDRESS ADDRESS BANNEL BOLDER ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerrenal poritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acet-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a defiuite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases résulting from "Senile," etc.), Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



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PHYSICIANS should of OCCUPATION IS RECORD statement Exact classified. properly AGE supplied. pe may 80 terms, plain DEATH In PO

Very County Registration Dist. No -Ward) PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Month) (Write the word) DATE OF BIRTH (Month) (Day 7 AGE If LESS than 1 day,....hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 1D NAME OF FATHER 50 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) uo 12 MAIDEN NAME Ses Instructions OF MOTHER OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) Yrs. __ mos. ___ __ ds. Where was disease contracted. It not at place of death?. Former of Every Item CAUSE OF Important. usual residence PLACE OF BURIAL OR REMOVAL 15

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

fit death occurred la a hospital or institution give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

1914 I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at.... The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

Siate _

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PREGISTRAR

20 UNDERTAKES



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carvin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For vio-



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of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS WITH -Every item of Information CAUSE OF DEATH in plain important. See Instructions WRITE

1 PLACE OF DEATH

21572



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

_St.;W	ar	d	Ì
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[It death occurred in a hospital or institution,

ADDRESS

	FULL NAME and John	Sour give its name instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	+emale Black Single, Widowed, widowed, ordivorced (Write the word)	16 DATE OF DEATH DEC 10 ,1915 (Month) (Day (Year)
6 p	(Month) (Day (Year)	that I last saw has alive on
7 A	GE 11 LESS than 1 day,	and that desth occurred on the date stated above, at 630 Pm The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh) Trade, profession, or pricular kind of work.) General nature of Industry, siness, or establishment in lich employed (or employer)	(Duration) yrs mos ds
ENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	Secondary (Duration) yrs mos ds (Signed) , 1915 (Address) , M. D *State the Disease Causing Death, or, in deaths from Violens
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal. 18 Length Of Residence (For Hospitals, Institutions, Transients or Recent Residents) At place In the ot death yrs
	(Address) Tronsioles, Ind.	19 PLACE OF BURNAL OR REMOVAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Scrvant, Cook, Housemaid, etc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association. "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of



RESERVED MARGIN

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH -Every item of information should be CAUSE OF DEATH in plain terms, s

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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 100

St.;....Ward)

[If death occurred in a hospital or institution,

FULL NAME Many D. K.	give Its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final Hall Single, Married, Single Married, Single Minowed, Ordivorced (Write the word)	16 DATE OF DEATH /2 - 2 ,1913 (Month) (Day (Year)
TAGE OATE OF BIRTH (Month) (Day (Year) If LESS than 1 day, hrs.	that I last saw h alive on
yrs	The CAUSE OF DEATH* was as Iollows: I work of bot this ere rethin on. Like it but received on answer as dist out uport Later of moto abot considers come record anima on. (Buration) yrs. 1 mos. ds.
OF FATHER (State or country) 10 NAME OF FATHER FATHER 11 BIRTHRIAGE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Contributory Secondary (Buration) yrs mos ds. (Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) (Interment)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) 6-27 Mach. In M. Maffill 15 Filed 12 - 4 - 1916 J. L. Higher Fied 12 - 4 - 1916 J. L. H	19 PLACE OF BURIAL OR REMOVAL Cathol (Country Coff Mark 12 - 4 , 1916 20 UNDERTAKER ADDRESS Bars. N. Shorth trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. trocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second it should be used only when needed. As examples: cases, especially in industrial employments, it is nee-Civil engineer, Stationary fremun, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursnits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the Statement of occupation-Precise stutement of occupais very important, so that the relative healthful-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," nnqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Mcasles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgeuital," "Collapse," "Coma," "Convulsions," "Debility" ("Contheula," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory (secondary or interenrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhanstlon,"



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V. S. No. 1.

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DEATH in plain terms, so that it may be see instructions on back of certificate. WRITE CAUSE OF Important. S

1 PLACE	OF DEATH	
County Les	carles	21574
Village or City	Bear La	Plata (No



(No.----

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.;.....Ward)

[If death occurred in a hospital or institution,

DATE OF BURIAL

ADDRESS

	FULL NAME James B Lu	e ac-
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 1	ex de la color or race 5 single, married, whowed, whowed, or officer of the word)	16 DATE OF DEATH De
	Month (Day (Year)	1000 27, 191 5 to Dec 7 the 191 5. that I last saw h == allve on 7 th
7 A	#8. yrs 9 mos 20 ds. 1 day,hrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
6 (a) pa (b) bus	OCUPATION) Trade, profession, or ritcular kind of work) General nature of Industry, siness, or establishment in ich empioyed (or employer)	(Duration) yrs. mos. / ds.
9 8	(State or country) Colon leo hol	Secondary Construction 2 yrs mos ds.
RENTS	10 NAME OF FATHER James Lucas 11 BIRTHPLACE OF FATHER (State or country) Chas. les ind	(Signed) Thuo. S. Queen, M.D. Dec 8, 1915. (Address) La Plata Ind. *State the Disease Causing Death, or, in deaths from Violence
PA	13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME Masian Willet 13 BIRTHPLACE OF MOTHER (State or country) Lehao Leo M.d.	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place is the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted,
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at piace of death?

If more blanks are needed, address State Registrar, 6 E. Frankija St., Balto., Requesting V. S. No. 1.

REGISTRAR

Med

Former or

usual residence

20 UNDERTAKER

PLACE OF BURIAL OR REMOVAL





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional, line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b), Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-The question "Foremau,"

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

scpsis, tetanus) may be stated under the head of childbirth or miscarriage as "Puerperal septiehucthenia," "Anaemla" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreal peritonitie," etc. State eause for "Ileart failure," "Haemorrhage," "Inauition," "Maras. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopicumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For vio-



Information

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PHYSICIANS

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PE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. NoWard) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH COLOR OR RACE MARRIED. WIDOWED, ORDIVORCEO (Write the word) (Month) I HEREBY CERTIFY. That I stiended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than t day hrs. SOCCUPATION (a) Trade, profession, or particular kind of work. (h) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUNY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE ATH in Ai place OF MOTHER (State or country EATH of death _____ yrs. ... Where was disease contracted 14 THE ABOVE IS TRUE TO THE BEST OF MY If not at place of death?. 9 Former or OF oscal residence Important. Every (Address) 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

It death occurred in

(Year)

a hospital or lostitution.

give its NAME lestead of street and number.]

In the

State .

DATE OF BURIAL



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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yes.) For persons been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, causing dearn, state occupation at beginning of illfication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify aii diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.;



.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

N.B.

.. 1 PLACE OF DEATH

1 PLACE OF DEATH	STATE OF MARYLAND
County 6 12 45 6	CERTIFICATE OF DEATH
Village or City 21 ill Jrb (No.	Registration Dist. No
FULL NAME	Platthures give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
**3 SEX	(Month) (Day) (Year) HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	191, to ,191, that I last saw h
1 AGE	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work (b) General nature of industry	Still Bith
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Durstion) yrs. mos. ds. Contributory Secondary
10 NAME OF FATHER OF A Matthware OF FATHER (State or country) 12 MAIDEN, AME	(Signed) (Signed) (Signed) (Signed) (State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
12 MAIDEN, JAME OF NOTHER 13 BIRTHPLACE OF MOTHER (State or country)	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Tiling Monroe	Where was disease contracted, if not at place of death? Former or usuel residence
(Address) Hill Zok	19 PLACE OF BURIAL OR REMOVAL Aith Jim Date of Burial 20 UNDERTAKEN ADDRESS
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death in the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. head-homicide; Poisoned by carbolic acid-probably Struck by to determine definitely. Examples: Accidental drowning: SUICIDAL, or nomicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenrenal septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "H enorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," cause. genital," "Senile," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Anaemia" Example: Measles (disease causing death), 29 ds.; Brovnephritis, etc. ges, peritonacum, ctc., Carcinoma, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, railway train-accident; Revolver wound (merely symptomatic), "Atrophy," ona," "Convulsions," "Debility" The contributory (secondary or intercurcte.), "Dropsy," "Atrophy," "Exhaustion," ACCIDENTAL, unportant.



S. No. 1.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS DEATH in plain terms, so that it may See instructions on back of certificate. N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s Important.

or City Marshall Hill



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St :--Ward)

If death occurred is a hospital or institution,

FULL NAME LIN named (M.	give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE 4 COLOR OF RACE MARRIED, WIOWED, OR DIVORCED (Write the word) (Month) (Day (Year) TAGE JESS than 1 day,hrs. ORmin.?	(Month) (Day (Year) 17 I hereby Certify, That I attended decessed from 195 to 195 to 195 that I last saw here alive on 196 and that death occurred on the date stated above, at Am, The CAUSE OF DEATH* was as follows:
10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MOTHER 17 BIRTHPLACE OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 MAIDEN NAME OF MOTHER (State or country) 10 MAIDEN NAME OF MOTHER (State or country)	(Buration) yrs mos st. Contributory Pressure on Cord Secondary (Boration) yrs mos st. (Signed) (
(informant) (Address) (Address)	where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS Tranklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestie service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fiention as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. It should be used only when needed. As examples: the nature of the business or Industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenelascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMIC DAL, OF AS probably cte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Coliapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis. The eontributory (secondary or intercurrent) Always qualify all diseases resulting from Mcaslcs (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," For VIO-



		N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.	
	RECORD	EXACT ssified.	
ON O	A PERMANENT	should be stated / be properly clas if certificate.	e e
F 0 E	THIS IS	I. AGE at it may n back o	
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of Information should be carefully supplied. AGE should be sta should state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very Important. See instructions on back of certificate.	
MARGIN	PLAINLY, WITH	mation should b	
	WRITE	very item of Inforhould state CAUS	
V. S. No. 1.		N.B.	=

1 PLACE OF DEATH 21578	STATE OF MARYLAND CERTIFICATE OF DEATH
County Survey Su	Registration Dist. No. 10 U
Village or City Ear While Plans (No. 2 FULL NAME Dero St. E.)	St.; Ward) [If death occurred in a hospital or institution, give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO OR DIVORCEO (Write the word)	16 OATE OF OEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That 1 attended deceased from
6 DATE OF BIRTH	Qued not 191 ablend trer, 191
7 AGE (Month) (Day) (Year 1 day, hr or mes ds. OR min.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Buration) yrs - mos. 20 ds
9 BIRTHPLACE (State or country)	Contributory Secondary (Burelion). yra mea de
10 NAME OF FATHER MAKENOWA	(Signod) J. D. D. D. J. J. J. M. O
11 BIRTHPLACE OF FATHER (State or country) MAC	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL.
of Mother Amknown	SUICIDAL OF HOMICIOAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Find	At place tn the of death yra. mee. da. Stata, yra. mos. da Whera was disease contracted,
(Informant) Haller Combs	if not at place of death?
(Address) White Hains	In place of Burial OR REMOVAL OATE OF BURIAL
Filed 17/24, 1810 M. Maltar son	Hunt + Ryon Italolors
If more blanks are needed, address State Registra	ar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by earbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drouming; suicidal, or homicidal, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," ctc. State cause for which birth or miscarriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Ura mia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anacmia" (merely symptomatic), "Atrophy," "Colsymptoms or terminal conditions, such as "Astrenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds. Brong rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercut cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whosping (name origin; "Cancer" is less definite; avoid use of ges, pertionaeum, etc., Carcinoma, Sarcoma, etc., ot.

If thes certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Former (relived state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -Coal mine, etc. Women at home, who are engaged in precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) (irocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-

Statement of Cause of Death—Name, first, the dispect to causing death of canse of Death—Name, with respect to time and causation), using slways the same accepted ferm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Typhoid fever (never report "Typhoid pneumonia,"); undefinited, is indefinite); Tuberculosis of lungs, menin-unqualified, is indefinite);

WRITE PLAINLY, WITH

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lied. AGE should be stated EXACTLY. PHYSICIANS should state be properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT UNFADING INK-THIS IS carefully supplied. may CAUSE OF DEATH in plain terms, so that it mis important. See instructions on back of certificate. -Every Item of Information should be CAUSE OF DEATH in plain terms, s

1 PLACE OF DEATH

21579



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;War	115

[It death occurred in a hospital or institution, give its NAME instead

2FULL NAME Celfred Y	Caberts of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Atute Single, Married, Wiodowed, Ordivered Write the word)	16 DATE OF DEATH DOC 5 , 191 5 (Year)
6 DATE OF BIRTH Untrown, 1837	that I last saw h Mailye on Dec . / 1915.
7 AGE (Month) (Day (Year) 1 t LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 629 9 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) Benerat nature of industry, business, or establishment in which employed (or employer)	Ceretral apoplery (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Pennsylvania	Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) Pi Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, it not at place of death? Former or usual residence
(Address) Pingah Meland 16 Filed Dev 17, 1915-Ta Southerland	19 PLACE OF BURIAL OR REMOVAL Lisgale Mid Ac. / 7, 191 5 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, cfc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonities" etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Pebility" ("Conguital," "Senile," etc.), "Dropsy" "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclature of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For VIO-



N. W.

PLACE OF DEATH

County Charles 21580	CERTIFICATE OF DEATH Registration Dist. No.
2 FULL NAME Joure Seem	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, MARRIED, WIOOWED OR DIVORCED (Write the word)	16 DATE OF OEATH (Month) (Day) (Year) 17 1. HEREBY CERTIFY. That I attended deceased from
OATE OF BIRTH Not Known, 1 (Month) (Day) (Year)	that I last saw h alive on Dec 3, 1918,
TAGE 38 yrs? Work Known 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 4.30%, m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of todustry business, or establishment in which employed (or employer)	(Buration) / yrs. 6 mos. ds.
9 BIRTHPLACE (State or country) Wary land	Secondary O (Burallee) was de
10 NAME OF GEORGE SEWELL 11 BIRTHPLACE	(Signed) Dougle Gaul M.D. Dec (7 191 5 Address) Le Plota Med -
Z OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicioal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace At piace At mes. ds. State, yrs. Where was disease contracted,
(Informant)	If not at place of death? At the Conchie, W Former or usual residence Me Conchie With
(Address) La Plata, 200 16 Filed Dec 1, 1915 - Control of Safacourran	20 UNDERTAKER 20 UNDERTAKER ADORESS ADORESS ADORESS
f more blanks are needed, address State Registrar, 10	6 W. Saratoga St., Balto, Requesting V. S. No. 1.

STATE OF MARVIAND



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part write None. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day luborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton Hausemaid, etc. If the occupation has been changed is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. business or industry, and therefore an additional line For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever very important, so that the relative healthfulwithout more The question "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uraemia," "Weakness, on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUTETERAL septicharmia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Hacmorrhage," "Inanition," "Marasby railway train-accident; Revolver State cause for which Never report mere (Recommendations "Exhaustion, nound of



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE Of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING FOR WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN V. S. No. 1.

County Lastro 21581	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWEO GR DIVORCED (Write the word)	18 DATE OF DEATH
G DATE OF BIRTH (Month) (Month) (Nay) (Yoar)	17 I HEREBY CERTIFY, That I attended deceased from , 191, 191, that I last saw h
AGE If LESS than 1 day, hrs. or min. ?	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed (or employer) BURTHPLACE (State or country)	(Burelies) yre. mee de. Contributory Secondary
10 NAME OF FATHER ASIGN Mathur Smallwood 11 BIRTHPLACE OF FATHER (State or country) Chas Co Mcd 12 MAJOEN NAME	*State the DISEASH CAUSINO DRATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Chas es mo	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place is the of death
(informant) App Poplos	if not at place of deeth? Former or usual residence
(Address) Sell John Mol. Filed Deed, 1913 Jum/3 Jum/180	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS
If more blanks are needed, address State Registrar, 1	& W. Saratoga St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborcr," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired write None. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Debar pneumonia, Bronchapneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritoritis," ctc. State cause for which birth or miscarriage as "Puerperal septichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, ctc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound The contributory (secondary or intercur-"Atrophy," ("Con-



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1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Month) TAGE 8 OCCUPATION a.(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in that it may which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 0 OF FATHER (State or country) terms, n back PARENT 6 12 MAIDEN NAME EATH in pisin e instructions OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country Every Item CAUSE OF Important. (Address)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. / 6

.....Ward)

It death occurred to a hospital or institution.

NAME Leanar Gran	give its name instead of street and number.]
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE Color Stringte, MARRIEO, WIDOWED, OR DIVORCED (Write the word) (Month) (Day) (Year) If LESS than 1 day, hrs. ORmin.?	(Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from 19 I HEREBY GERTIFY, That I attended deceased from 19 I I I I I I I I I I I I I I I I I I I
or Lo Comindustry, ment in mployer) Chales Comp	(Duration) / yrs. 3 mos. ds. Contributory (Secondary) (Duration) yrs. mos. ds.
GE ER Swerry Cont	(Signed) (Address) PANAN UM *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
ce condende contendenters ce contendenters true to the Best of My Knowledge Lis Machinistics	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, It not at place of death? Former or usual residence.
191 Il Langhelm Jean REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Larrier Steele St. 22, 1915. 20 UNDERTAKER Jonne Coming Hordon Hard
If more blanks are needed, address State Registra	r, & E. Franklin St., Balto. Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication. as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

childbirth or miscarriage, as "Puerperal septichaeample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of __ ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Never report Examples: For vio-



V. S. No. 1.

Village or City Laser (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX' 4 COLOR OR RACE MARRIED, Single, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) 7 AGE Child suff with mostly if LESS than a father nutting the most of the most	that I last saw h allve on attended above, at m. The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH & was as follows:
business, or establishment in which employed (of employer) BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER Which employed (of employer) 12 MAIDEN NAME OF MOTHER MAIDEN NAME MAIDEN NAME OF MOTHER MAIDEN NAME	(Burstien) yrs mos ds. Contributory Secondary (Burstien) yre mos ds. (Signed) / / / / / / / / / / / / / / / / / / /
12 MAIDEN NAME OF MOTHER SALLY HANKING 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informati) Sally Sall	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPIYALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENCE) At piecs la the of death yrs. mes. ds. Slats, yrs. mas. ds. Where was disease contracted, if not at place of death?
(Address) Jasue 16 Filed / Z-3U, 1915 J. R. Hraydon Registrar, If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10 PLACE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiwrite None. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa--Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic corcbro-CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, meninterm for the same disease. Examples: Typhoid fever (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the DISEASE and causation), using always the same accepted pneumonia, Bronchopneumonia ("Pneumonia," Cerebrospinal

> and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For VIOLENT DEATHS "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Mcdical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senilc," etc.), chopneumonia (secondary), 10 ds. Example: Mcasles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; birth or miscarriage as cause. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Puenperal septichaemia," "Dropsy," "Exhaustion," Never report mere

tions answered in detail, it will prevent further correspondence. All the latt is essential and must be obtained before the certificat is permanently filed. If this certificate is looked over thoroughly and all ques-



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PLACE OF DEATH





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. / / 3

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fif death occurred in a hospital or institutioe, give its NAME instead ot street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 4 COLOR OR RACE MARRIED, WIOOWED. (Month) (Day (Year) OR OLVORCED I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191 to (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) (Doration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ___ mos. _ State _____ yrs. ___ mos. Where was disease contracted, If not at place of death?.. Former or osual residence DATE OF BURIAL 15 ADDRESS

DEGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional live is provided for the latter statement; causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, aud eonsequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or misearrlage as "Puerperal septichacmus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" ls less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canwhich surgleal operation was undertaken. etc., when a definite disease can be ascertalued as the Bronchopncumonia (seeondary), 10 ds. Never report The eontributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 3 1916
BURTAILV.S.

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH

21585



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 14

Vili	2FULL NAME Thomas	St.; Ward) St.; Ward) The street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	** **COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH /2 / G , 191/4 (Month) (Day (Year)
D/	(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Offil 2 , 1915 to 2 , 1915 , that I last saw him alive on fully 24 , 1915
7 AG	(abnt) If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
par (b) busi	CCUPATION Trade, profession, or floular kind of work General nature of industry, ness, or establishment in	Inital Inexampling (Ouration) yrs 8 mos 15 ds.
9 81	RTHPLACE (State or country) Char Cy Indi	GontributorySecondary
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed)
PA	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on Recent Residents) At place in the of death yrs, mos, ds
	informant) Dauglas Muns	Where was disease contracted, If not at place of death? Former or usual residence
15	(Address) Waysul	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 12/2/ 1915
File	112-20-,1915- V. F. Argelon, REGISTRAR	20 UNDERTAKER Plade Way whe
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stalionary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planler, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (relired 6 yrs.) For persous return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, perilonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if Impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Ilacmorrhage," "Inanition," "Marasthcuia," "Anaemia" (mercly symptomatie), "Atrophy," merc symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstilial nephrilis, cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-". Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "l'UERPERAL peritonilis," etc. State cause for childbirth or miscarriage as "Puerperal seplichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The coutributory (secondary or intercurrent) lclanus) may be stated under the head of Always qualify all diseases resulting from Measles "Scuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustlon,"



V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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21586

Village or City Hugheritte



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No./00

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[If death occurred in a hospital or Institution. give Its NAME Instead

FULL NAME Many Comily	white of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale white (Write the word)	16 DATE OF DEATH DEC 30 ,1915 (Month) (Day (Year)
DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year).	that I last saw h - alive on DCC 29. Th 1911-
7 AGE (Month) (Day (Year) 17 LESS than	and that death occurred on the date stated above, at 9 4m The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work	Laura
(b) General nature of industry, business, or establishment in which employed (or employer) Coollary & Clarkanana, BIRTHPLACE	Contributory Brills Recese
State or country) Chorles Co ned 10 NAME OF FATHER John Indiana 11 BIRTHPLACE OF FATHER (State or country) Churles Co ned 2 Maiden NAME OF MOTHER	(Signed) As (Address) As (Address) As (State the Disease Causing Death, br. in deaths from Violence
13 BIRTHPLACE OF MOTHER (State or country) 12 Maiden Name OF MOTHER (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOSTICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place in the of deathyrs,mosdiscorded for the confident of the confident with the
(Informant) J. W. Jenkins	Where was disease contracted, it not at place of death? Former or usual residence
(Address) Messephericle	PHACE OF BURIAL OR REMOVAL DATE OF BURIAL PAGE 1916 20 UNDERTAKER ADDRESS
Filed, 191	6. P. However Herry villey



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers statement. Never return "Laborer," "Foreman," "Mauager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when uceded. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) childbirth or inlscarriage as "Puerperal septichacnant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomeuclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "l'uerperal peritonitis," etc. State cause for thenla," "Anaemla" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, "Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The unture of the dent; Revolver reound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Iuaultlon," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senlle," etc., "Dropsy," (Recommendations on statement of "Exhaustion,"

